

NAADAC CERTIFICATION FORM

To: NAADAC, the Association of Addiction Professionals
901 N. Washington St. Suite 600
Alexandria, VA 22314

The applicant named below has applied for licensure as a Chemical Dependency Professional in the State of Delaware. Please verify that s/he is a NCAC I, NCAC II or MAC in good standing and return this form to the Delaware Board of Professional Counselors of Mental Health and Chemical Dependency Professionals at the address above. Thank you in advance for your assistance.

Part 1 - To be completed by Applicant:

Name: _____ Phone: _____

Address: _____

_____ Zip Code: _____

Certification No. _____ Date Certified: _____ Expiration Date: _____

I hereby authorize NAADAC, the Association of Addiction Professionals, to release information regarding my certification to the Delaware Board of Professional Counselors of Mental Health and Chemical Dependency Professionals.

Signature of Applicant Date

Part 2 - To be completed by an Official of NAADAC, the Association of Addiction Professionals:

Is the applicant currently certified as represented above? Yes _____ No _____

Is the applicant currently in good standing? Yes _____ No _____

Part 2 Continued

If the answer to either of the above is “no,” please give full particulars: _____

Name of NAADAC Official: _____

Phone: _____

Signature of NAADAC Certification Official

Date